WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37681

1. PLACE OF DEATH
County St Francois
Township St Francois
City Flat River (No. ..... St. ..... Ward)

Registration District No. 774
Primary Registration District No. 4468

File No. 13
Registered No. .....

2. FULL NAME Bonnie May Arenz
(a) Residence, No. ..... Flat River Mo Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Silvy Arenz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1899

7. AGE Years 34 Months 2 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River Mo

FATHER
13. NAME James Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo

MOTHER
15. MAIDEN NAME Mollie Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadwood Mo

17. INFORMANT (ADDRESS) Silvy Arenz Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL Doe Run Cemetery DATE 11-10 1933

19. UNDERTAKER (ADDRESS) Caldwell Bros Flat River Mo

20. FILED 11-10 1933 B B Farris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1933 to Nov. 8 1933
I last saw her alive on Nov. 8 1933. Death is said to have occurred on the date stated above, at 1:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	11-7-33
Diabetes Mellitus	

Other contributory causes of importance: Diabetes Mellitus

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Dailey Appleberry, M. D.
(Address) Riverviews, Mo